

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 GLORIA A. BARRIOS
Supervising Deputy Attorney General
3 LINDA L. SUN, State Bar No. 207108
Deputy Attorney General
4 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
5 Telephone: (213) 897-6375
Facsimile: (213) 897-2804

6 *Attorneys for Complainant*

7
8 **BEFORE THE**
BOARD OF REGISTERED NURSING
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. *2009-281*

11 **JAMEY DWAYNE HAGAN**
12 370 Oakley Dr., Apt. 816
Nashville, TN 37211

A C C U S A T I O N

13 Registered Nurse License No. 650764

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15 Respondent.

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17 Complainant alleges:

18 **PARTIES**

19 1. Ruth Ann Terry, M.P.H., R.N. ("Complainant") brings this Accusation
20 solely in her official capacity as the Executive Officer of the Board of Registered Nursing
21 ("Board"), Department of Consumer Affairs.

22 2. On or about January 11, 2005, the Board issued Registered Nurse License
23 No. 650764 to Jamey Dwayne Hagan ("Respondent"). The Registered Nurse License expired on
24 August 31, 2006, and has not been renewed.

25 **JURISDICTION**

26 3. This Accusation is brought before the Board under the authority of the
27 following laws. All section references are to the Business and Professions Code ("Code") unless
28 otherwise indicated.

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5. Section 2764 provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under section 2811, subdivision (b), the Board may renew an expired license at any time within eight years after the expiration.

“(a) Unprofessional conduct . . .”

“(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to himself or herself, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

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“(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a) of this section.”

COST RECOVERY

8. Section 125.3 provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

CONTROLLED SUBSTANCES / DANGEROUS DRUGS

9. **Hydromorphone**, generic name for Dilaudid, is an Opium derivative, which is classified as a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(k), and is a dangerous drug within the meaning of Business and Professions Code section 4022.

10. **Morphine/Morphine Sulfate**, a narcotic substance, is a Schedule II controlled substance pursuant to Health and Safety Code Section 11055(b)(1)(M), and is categorized as a dangerous drug pursuant to Business and Professions Code section 4022.

11. **Fentanyl** is a Schedule II controlled substance pursuant to Health and Safety Code section 11055(c)(8), and is a dangerous drug pursuant to Business and Professions Code section 4022.

ST. JOHN’S HOSPITAL

12. Or on between February 17, 2005 to March 15, 2005, Respondent was employed as a traveling registered nurse at Saint John’s Health Center in the city of Santa Monica, California (“St. John’s”).

13. At all times relevant to the charges brought herein, St. John’s used a drug dispensing system called the “Omnicell”. The Omnicell is a computerized single dose medication dispensing machine. The user enters a unique user identified, password and/or thumbprint scan in order to access and dispense medication from the machine. The machine

1 records the user name, patient name, medication, dose, date and time of the
2 dispensing/withdrawal. The Omnicell is integrated with hospital pharmacy inventory
3 management systems.

4 14. On or between February 17, 2005 to March 15, 2005, while employed at
5 St. John's, Respondent was issued a password to access medication for patients via the Omnicell
6 system.

7 15. On or about March 15, 2005, the pharmacist for St. John's conducted a
8 routine review of narcotic dispensing records. The pharmacist noticed discrepancies involving
9 narcotics withdrawals by Respondent since there were no physician orders for the narcotics
10 dispensed from the Omnicell system. Respondent's password was not used outside of his
11 assigned shift and Respondent's password was used with patient numbers not assigned to him for
12 medication withdrawals.

13 16. Hospital personnel performed an audit of Respondent's Omnicell
14 withdrawals, and the hospital records revealed a total of 16mg Hydromorphone and 40mg
15 Morphine Sulfate as unaccountable in any hospital records as follows:

16 a. **Patient EH, MR #M0531952**

17 Physician's Orders

18 02/20/05 Morphine Sulphate 1mg IV every 4 hours as needed for pain

19 Omnicell Record/MAR'/Nursing Notes

20 02/17/05

21 0545 a.m. Respondent removed 1 Hydromorphone 2mg/1ml 1ml syringe; no
22 physician order; no documentation of medication administration to patient in
MAR or Nursing Notes

23 02/27/05

24 0709 p.m. Respondent removed 1 Morphine 8mg/1ml 1ml syringe; no waste
25 recorded; no documentation of medication administration to patient in MAR or
26 Nursing Notes

27 0753 p.m. Respondent removed 1 Morphine 8mg/1ml 1ml syringe; no waste
28 recorded; no documentation of medication administration to patient in MAR or
Nursing Notes

1. "MAR" is an abbreviation for Medication Administration Record.

1 0844 p.m. Respondent removed 1 Morphine 8mg/1ml 1ml syringe; no waste
2 recorded; no documentation of medication administration to patient in MAR or
Nursing Notes

3 0946 p.m. Respondent removed 1 Hydromorphone 2mg/1ml 1ml syringe; no
4 physician order; no documentation of medication administration to patient in
MAR or Nursing Notes

5 Unaccounted Drugs for this Patient

6 Hydromorphone (2 syringes or 4mg); Morphine Sulphate (3 syringes or 24mg)

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8 b. Patient MP, MR #M0700247

9 Physician's Orders

10 02/22/05 Hydromorphone 1mg IVP every 6 hours as needed for pain

11 Omnicell Record/MAR/Nursing Notes

12 02/24/05

13 0615 a.m. Respondent removed 1 Hydromorphone 2mg/1ml 1ml syringe; no
waste recorded; no documentation of medication administration to patient in
MAR or Nursing Notes

14 0707 a.m. Respondent removed 1 Hydromorphone 2mg/1ml 1ml syringe; no
waste recorded; no documentation of medication administration to patient in
MAR or Nursing Notes

16 02/25/05

17 0314 a.m. Respondent removed 1 Hydromorphone 2mg/1ml 1ml syringe; no
waste recorded; no documentation of medication administration to patient in
MAR or Nursing Notes

18 Unaccounted Drugs for this Patient

19 Hydromorphone (3 syringes or 6mg)

20 c. Patient RJC, MR #M0825573

21 Physician's Orders

22 03/10/05 Morphine Sulphate 2mg IV every 2 hours as needed for pain
23 Morphine Sulphate 3mg IV every 2 hours as needed for severe
24 pain

25 Omnicell Record/MAR/Nursing Notes

26 03/10/05

27 0715 p.m. Respondent removed 1 Hydromorphone 2mg/1ml 1ml syringe; no
physician order; no documentation of medication administration to patient in
MAR or Nursing Notes

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1026 p.m. Respondent removed 1 Morphine 8mg/1ml 1ml syringe; no waste recorded; no documentation of medication administration to patient in MAR or Nursing Notes

Unaccounted Drugs for this Patient

Hydromorphone (1 syringe or 2mg); Morphine Sulphate (1 syringe or 8mg)

d. **Patient BPS, MR #M0388982**

Physician's Orders

03/08/05 Morphine Sulphate 2mg IV every 1 hour as needed for pain

03/10/05 Morphine IV drip 1mg every 1 hour for continuous pain mgmt

Omniceil Record/MAR/Nursing Notes

03/13/05

0533 a.m. Respondent removed 1 Morphine 8mg/1ml 1ml syringe; no physician order; no documentation of medication administration to patient in MAR or Nursing Notes

Unaccounted Drugs for this Patient

Morphine Sulphate (1 syringe or 8mg)

e. **Patient FS, MR #M0388982**

Physician's Orders

No order for Hydromorphone

Omniceil Record/MAR/Nursing Notes

03/14/05

0822 p.m. Respondent removed 1 Hydromorphone 2mg/1ml 1ml syringe; no physician order; no documentation of medication administration to patient in MAR or Nursing Notes

Unaccounted Drugs for this Patient

Hydromorphone (1 syringe or 2mg)

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f. **Patient BBL, MR #M0388982**

Physician's Orders

03/11/05 Hydromorphone 1mg IM or IV every 3 hours as needed for pain

Omniceil Record/MAR/Nursing Notes

03/14/05

0925 p.m. Respondent removed 1 Hydromorphone 2mg/1ml 1ml syringe; no waste recorded; no documentation of medication administration to patient in MAR or Nursing Notes

Unaccounted Drugs for this Patient

Hydromorphone (1 syringe or 2mg)

FIRST CAUSE FOR DISCIPLINE

(Obtain or Possess Controlled Substances Illegally)

17. Respondent is subject to disciplinary action under Code sections 2761, subdivision (a), and 2762, subdivision (a), on the grounds of unprofessional conduct, in that on or between February 17, 2005 to March 15, 2005, while employed as a traveling registered nurse at St. John's, Respondent unlawfully obtained or possessed controlled substances Hydromorphone and Morphine Sulphate from the hospital's Omnicell system involving seven (7) patients. A total of 16mg Hydromorphone and 40mg Morphine Sulfate were unaccounted for in any hospital records. Complainant refers to and incorporates all the allegations contained in paragraphs 12 - 16, as though set forth fully.

SECOND CAUSE FOR DISCIPLINE

(Use of Controlled Substances in a Dangerous Manner)

18. Respondent is subject to disciplinary action under Code sections 2761, subdivision (a), and 2762, subdivisions (a) and (b), on the grounds of unprofessional conduct, in that on or about March 16, 2005, after discovery of the medication discrepancies, hospital personnel requested Respondent to be screened for the presence of drugs. Respondent tested positive for the presence of Opiates, Morphine, Hydromorphone, and Fentanyl without a valid prescription. Complainant refers to and incorporates all the allegations contained in paragraphs 12 - 16, as though set forth fully.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Falsified Hospital Records)**


3 19. Respondent is subject to disciplinary action under sections 2761,
4 subdivision (a), and 2762, subdivision (e), on the grounds of unprofessional conduct, in that on
5 or between February 17, 2005 to March 15, 2005, while employed as a traveling registered nurse
6 at St. Johns, Respondent falsified, made grossly incorrect, grossly inconsistent, or unintelligible
7 entries in hospital and patient records pertaining to controlled substances and dangerous drugs.
8 Complainant refers to and incorporates all the allegations contained in paragraphs 12 - 16, as
9 though set forth fully.

10 **PRAYER**

11 WHEREFORE, Complainant requests that a hearing be held on the matters herein
12 alleged, and that following the hearing, the Board issue a decision:

- 13 1. Revoking or suspending Registered Nurse License No. 650764, issued to
14 Jamey Dwayne Hagan;
15 2. Ordering Jamey Dwayne Hagan to pay the Board of Registered Nursing
16 the reasonable costs of the investigation and enforcement of this case, pursuant to Business and
17 Professions Code section 125.3; and
18 3. Taking such other and further action as deemed necessary and proper.

19 DATED: 5/11/09

20 
21 RUTH ANN TERRY, M.P.H., R.N.
22 Executive Officer
23 Board of Registered Nursing
24 Department of Consumer Affairs
25 State of California

26 Complainant